

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|--------------|-------------|-----------------|
| FEE DETERMINATION | <i>mesay</i> | | <i>09-06-01</i> |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | <i>S-A</i> | <i>1088</i> | <i>10/03/01</i> |
| RESPONSE FORMALITY REVIEW | <i>ck</i> | <i>1109</i> | <i>3-19-02</i> |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 +/- Restricted O Objected

| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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829
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617
3-19-02